

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

JACKSON PURCHASE ELECTRIC)	
COOPERATIVE CORPORATION, INC.)	
_____)	CASE NO. 96-429
)	
ALLEGED FAILURE TO COMPLY WITH)	
COMMISSION REGULATIONS)	

O R D E R

Jackson Purchase Electric Cooperative Corporation, Inc. ("Jackson Purchase"), a Kentucky corporation which engages in the distribution of electricity to the public for compensation for lights, heat, power, and other uses, and which was formed under KRS 279.010 to 279.220, is a utility subject to Commission jurisdiction. KRS 278.010; KRS 279.210.

KRS 278.280(2) directs the Commission to prescribe rules and regulations for the performance of services by utilities. Pursuant to this statutory directive, the Commission promulgated Commission Regulation 807 KAR 5:041, Section 3, which requires electric utilities to maintain their plant and facilities in accordance with the standards of the National Electrical Safety Code (1990 Edition). It also promulgated Commission Regulation 807 KAR 5:006, Section 24, which requires a utility to adopt and execute a safety program.

As of August 16, 1993, Jackson Purchase adopted a safety program in compliance with 807 KAR 5:006, Section 24. As part of this safety program, Jackson

Purchase adopted the American Public Power Association Safety Manual (8th Edition) ("APPA").

Commission Staff has submitted to the Commission an Electrical Utility Accident Investigation Report dated August 1, 1996, appended hereto, which alleges:

1. On April 29, 1996, Michael S. Washam, an employee of Jackson Purchase, was injured while attempting to remove a damaged lightning arrestor which fired while removing an energized lead causing flash burns. He was in the bucket of a bucket truck and was not wearing protective safety glasses.

2. Jackson Purchase's safety rules require the use of safety glasses.

3. Washam's failure to wear safety glasses while working is a violation of National Electrical Safety Code Section 42 (420H) which relates to tools and protective equipment.

4. As a result of Washam's failure, Jackson Purchase is in probable violation of Commission Regulation 807 KAR 5:006, Section 24, and 807 KAR 5:041, Section 3(1).

5. As noted above, the accident occurred on April 29, 1996 but the Commission was not notified until May 15, 1996. This failure to properly report the accident places Jackson Purchase in probable violation of 807 KAR 5:006, Section 26(1)(2).

6. Jackson Purchase owns and maintains the utility poles to which the damaged lightning arrestor was attached.

7. By allowing an employee, while in the course of his employment, to fail to wear protective safety glasses Jackson Purchase is in probable violation of Commission Regulation 807 KAR 5:041, Section 3(1).

The Commission, on its own motion, HEREBY ORDERS that:

1. Jackson Purchase shall submit to the Commission within 20 days of the date of this Order a written response to the allegations contained in the Electrical Utility Accident Investigation Report.

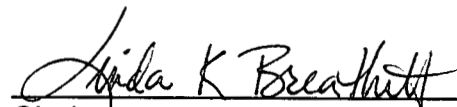
2. Jackson Purchase shall appear on October 8, 1996, at 10:00 a.m., Eastern Daylight Time, in Hearing Room 1 of the Commission's offices at 730 Schenkel Lane, Frankfort, Kentucky, for the purpose of presenting evidence concerning the incident which is the subject of the Electrical Utility Accident Investigation Report, specifically the alleged violations of Commission regulations 807 KAR 5:006, Section 24, 807 KAR 5:041, Section 3, and the National Electrical Safety Code, and of showing cause, if any it can, why it should not be subjected to the penalties of KRS 278.990 for its alleged failure to comply with Commission regulations.

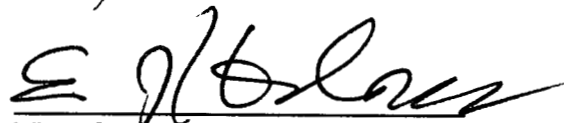
3. Any motion for a conference with Commission Staff to discuss the issues presented by the Electrical Utility Accident Investigation Report shall be made at the time Jackson Purchase submits its response.

4. The Electrical Utility Accident Investigation Report dated August 1, 1996 is hereby made a part of the record of this case.

Done at Frankfort, Kentucky, this 4th day of September, 1996.

PUBLIC SERVICE COMMISSION


Chairman


Vice Chairman


Commissioner

ATTEST:


Executive Director

APPENDIX

AN APPENDIX TO AN ORDER OF THE KENTUCKY PUBLIC SERVICE
COMMISSION IN CASE NO. 96- 429 DATED September 4, 1996.

August 1, 1996

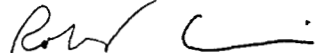
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UTILITY ACCIDENT INVESTIGATION REPORT

Utility:	Jackson Purchase Electric Cooperative				
Reported By:	Izell Dobbins				
Dates & Times					
Accident Occurred:	04/29/96 - 4:00 p.m. CST				
Utility Notified:	04/29/96 8:30 p.m. (Reported by victim)				
PSC Notified:	05/15/96				
Investigated:	05/29/96 (Investigator notified 05/24/96)				
Written Report Rcvd:	05/15/96				
Location of Accident:	At the intersection of Lightfood Road and Richman Road in West Paducah, Kentucky.				
Description of Accident:	Mr. Washam was in the bucket of a bucket truck. Mr. Washam was attempting to remove a damaged lightning arrestor, the arrestor fired while removing a hot lead causing flash burns. Mr. Washam was not wearing protective safety glasses.				
Victims:					
Name:	Mr. Michael S. Washam	Fatal:	No	Age:	27
Addr./Empl.:	Jackson Purchase Electric Cooperative				
Injuries:	Flash Burn				
Witnesses:	Name	Address/Employment			
	Mr. David Calhoun	Jackson Purchase Electric Cooperative			
Sources of Information:	Name	Address/Employment			
	Mr. Michael S. Washam (Victim)	Jackson Purchase Electric Cooperative			
	Mr. Donald R. Schaefer	Jackson Purchase Electric Cooperative			
Probable Violations:	<p>1. Mr. Washam was in probable violation of 807 KAR 5:041 (Electric), Section 3(1) and NESC, Section 42, subsection (420H), Tools and Protective Equipment.</p> <p>2. Jackson Purchase Electric Cooperative was in probable violation of 807 KAR 5:006, Section 26(a)(2), Reporting of Accidents.</p>				

August 1, 1996

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Line Clearances At Point of Accident:	Measured	Minimum Allowed by NESC	Applicable NESC Edition ¹ 1990	Volt.	Constr. Date
Road Phase:	33' - 0"	14' - 6"	Table 232-1	12,000	1937
Center Phase:	33' - 2½"	14' - 6"	Table 232-1	12,000	1937
Field Phase:	34' - 0"	14' - 6"	Table 232-1	12,000	1937
Neutral:	30' - 0"	9' - 6"	Table 232-1	N/A	1937
Television:	25' - 7¼"	9' - 6"	Table 232-1	N/A	Unknown
Telephone:	24' - 3½"	9' - 6"	Table 232-1	N/A	Unknown
Date of Measurement:	05/29/96				
Approximate Temp.:	70°F				
Measurements Made By:	Rick Irby, Sam Adams, Donald Schaefer - Jackson Purchase EC and Robert Ueltschi, PSC				
Investigated By:	Robert Ueltschi				
Signed:					

- Attachments: A. Jackson Purchase's Injury Report
 B. Additional Information
 C. Photographs of Accident Site

¹ Current edition adopted by the Commission. If clearances are not in compliance with the current edition, then the edition in effect when the facilities were last constructed or modified would apply.

Attachment A

Jackson Purchase's Injury Report

JACKSON PURCHASE

ELECTRIC COOPERATIVE

May 15, 1996

Public Service Commission
730 Schenkel Lane
P.O. Box 615
Frankfort, KY 40602

Ladies/Gentlemen:

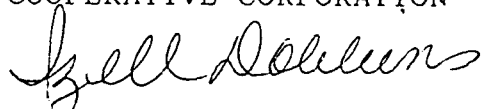
Pursuant to 807 KAR 5:006, §24 of the Public Service Commission Regulations, we have enclosed copies of Employer's First Report of Injury Reports for the following employees of Jackson Purchase Electric Cooperative who had work-related injuries requiring medical attention:

Michael Washam
Howard Puckett N/A

If you have any questions, please give me a call. Thank you.

Sincerely,

JACKSON PURCHASE ELECTRIC
COOPERATIVE CORPORATION



Izell Dobbins
Personnel Administrator Assistant

Enclosure

IA-1 WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)		CARRIER/ADMINISTRATOR CLAIM NUMBER		REPORT PURPOSE CODE	
PERSON PURCHASE		JURISDICTION		JURISDICTION CLAIM NUMBER	
PO BOX 3188		INSURED REPORT NUMBER		03-69	
PADUCAH, KY 42002-3188		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)		LOCATION # 015	
SIC CODE	EMPLOYER FEIN	2900 IRVIN COBB DR		PHONE #	
7540	61-0236522	PADUCAH, KY 42003		(502) 442-7321	
CARRIER/CLAIMS ADMINISTRATOR					
CARRIER (NAME, ADDRESS & PHONE NO.)		POLICY PERIOD		CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO.)	
GENERAL REINSURANCE		02/01/1996		Gallagher Bassett Services	
227 W MONROE STE 49		TO		100 Mallard Creek Rd.	
CHICAGO, IL 60606		12/31/1996		Suite 320	
		CHECK IF APPROPRIATE		Louisville, KY 40207	
		<input checked="" type="checkbox"/> SELF INSURANCE		(502) 895-1415	
CARRIER FEIN	POLICY/SELF-INSURED NUMBER			ADMINISTRATOR FEIN	
	XD139A				
AGENT NAME & CODE NUMBER					
EMPLOYEE/WAGE					
NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE
PUCKETT, HOWARD W.		01/30/1947	407-60-8946	06/07/1971	KY
ADDRESS (INCL ZIP)		SEX	MARITAL STATUS	OCCUPATION/JOB TITLE	
3818 ALAMEDA DR		<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> UNMARRIED	JOURNEYMAN LINEMAN	
PADUCAH, KY 42001		<input type="checkbox"/> FEMALE	<input checked="" type="checkbox"/> SINGLE/DIVORCED	EMPLOYMENT STATUS	
PHONE		<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> MARRIED	FULL-TIME	
(502) 444-7237		<input type="checkbox"/> SEPARATED	<input type="checkbox"/> UNKNOWN	NCCI CLASS CODE	
		# OF DEPENDENTS			
		1			
RATE	PER:	DAY	MONTH	# DAYS WORKED/WEEK	FULL PAY FOR DAY OF INJURY?
\$18.74		WEEK	OTHER: HOUR	5	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
					DID SALARY CONTINUE?
					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
OCCURRENCE/TREATMENT					
TIME EMPLOYEE BEGAN WORK	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF INJURY/ILLNESS	TIME OF OCCURRENCE	LAST WORK DATE	DATE EMPLOYER NOTIFIED
7:00		05/06/1996	1:30	5/6/96	05/06/1996
CONTACT NAME/PHONE NUMBER		TYPE OF INJURY/ILLNESS		PART OF BODY AFFECTED	
IZELL DOBBINS		LACERATION		HAND/RIGHT	
(502) 442-7321		TYPE OF INJURY/ILLNESS CODE		PART OF BODY AFFECTED CODE	
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED		ALL EQUIPMENT, MATERIALS OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			
HWY 70		NONE			
TILINE, KY					
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			
CROSSING A FENCE		CROSSING A FENCE			
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL					CAUSE OF INJURY CODE
Barbed wire					
WAS CROSSING A BOBBLE FENCE PRESSED DOWN ON THE WIRE TO CROSS OVER AND THE WIRE BROKE					
DATE RETURNED TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?		YES	NO
5/7/96		WERE THEY USED?		YES	NO
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)		HOSPITAL (NAME & ADDRESS)		INITIAL TREATMENT	
DR STEPHEN LUIGS				0 NO MEDICAL TREATMENT	
1532 LONE OAK RD STE 14				1 MINOR BY EMPLOYER	
PADUCAH, KY 42003				<input checked="" type="checkbox"/> MINOR CLINIC/HOSP	
PHYSICIANS (NAME & PHONE #)				3 EMERGENCY CARE	
JOE RUPCKE		(502) 988-2449		4 HOSPITALIZED > 24 HRS	
				5 FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED	
DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME & TITLE		PHONE NUMBER	
05/07/1996	05/07/1996	IZELL DOBBINS PERSONNEL ADMIN ASST		(502) 442-7321	
IA-1 (2/95) SEE BACK FOR IMPORTANT STATE INFORMATION/SIGNATURE					

IA-1 WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)		CARRIER/ADMINISTRATOR CLAIM NUMBER		REPORT PURPOSE CODE	
JACKSON PURCHASE		JURISDICTION		JURISDICTION CLAIM NUMBER	
X 3188		INSURED REPORT NUMBER		03-69	
PADUCAH, KY 42002-3188		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)		LOCATION # 015	
SIC CODE	EMPLOYER FEIN	2900 IRVIN COBB DR		PHONE #	
7540	61-0236522	PADUCAH, KY 42003		(502) 442-7321	
CARRIER/CLAIMS ADMINISTRATOR					
CARRIER (NAME, ADDRESS & PHONE NO.)		POLICY PERIOD		CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO.)	
GENERAL REINSURANCE		02/01/1996		Gallagher Bassett Services	
227 W MONROE STE 49		TO		100 Mallard Creek Rd., Suite 320	
CHICAGO, IL 60606		12/31/1996		Louisville KY 40207	
		CHECK IF APPROPRIATE		(502) 895-1415	
		<input checked="" type="checkbox"/> SELF INSURANCE			
CARRIER FEIN		POLICY/SELF-INSURED NUMBER		ADMINISTRATOR FEIN	
		XD139A 1292XD139			
AGENT NAME & CODE NUMBER					
EMPLOYEE/WAGE					
NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
WASHAM, MICHAEL S.		07/12/1969		404-98-1481	
ADDRESS (INCL ZIP)		SEX		DATE HIRED	
1875 CREEK VIEW COVE		<input checked="" type="checkbox"/> MALE		10/19/1992	
PADUCAH, KY 42003		<input type="checkbox"/> FEMALE		STATE OF HIRE	
PHONE		<input type="checkbox"/> UNKNOWN		KY	
(502) 443-3706		# OF DEPENDENTS		OCCUPATION/JOB TITLE	
		2		APPRENTICE LINEMAN	
				EMPLOYMENT STATUS	
				FULL-TIME	
				NCCI CLASS CODE	
RATE		PER		DAY	
\$17.05		WEEK		<input checked="" type="checkbox"/> MONTH	
		OTHER: HOUR		# DAYS WORKED/WEEK	
				5	
				FULL PAY FOR DAY OF INJURY?	
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				DID SALARY CONTINUE?	
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
OCCURRENCE/TREATMENT					
TIME EMPLOYEE BEGAN WORK		DATE OF INJURY/ILLNESS		LAST WORK DATE	
7:00		04/29/1996		4/29/96	
CONTACT NAME/PHONE NUMBER		TYPE OF INJURY/ILLNESS		DATE EMPLOYER NOTIFIED	
IZELL DOBBINS		BURN (flash)		04/30/1996	
(502) 442-7321				DATE DISABILITY BEGAN	
				04/30/1996	
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES?		TYPE OF INJURY/ILLNESS CODE		PART OF BODY AFFECTED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				MULTIPLE BODY PARTS/EYES & FACE	
				PART OF BODY AFFECTED CODE	
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED		ALL EQUIPMENT, MATERIALS OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			
LIGHTFOOT RD & RICKMAN RD		UNKNOWN			
W PADUCAH, KY 42086					
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			
CHANGING OUT A LIGHTNING ARRESTOR		CHANGING OUT A LIGHTNING ARRESTOR			
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL					
EMP WAS IN BUCKET ON TRUCK ATTEMPTING TO REMOVE DAMAGED LIGHTNING ARRESTOR/ARRESTOR FIRED WHILE REMOVING HOT LEAD CAUSING MINOR BURNS TO EYES&FACE					
CAUSE OF INJURY CODE					
DATE RETURN(ED) TO WORK		IF FATAL, GIVE DATE OF DEATH		WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?	
5-2-96				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				WERE THEY USED?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)		HOSPITAL (NAME & ADDRESS)		INITIAL TREATMENT	
Dr. Charles Goodman		LOURDES HOSPITAL		0 NO MEDICAL TREATMENT	
Lourdes Hospital Emergency Room		1530 LONE OAK RD		1 MINOR: BY EMPLOYER	
1530 Lone Oak Rd.		PADUCAH, KY 42003		2 MINOR CLINIC/HOSP	
Paducah, KY 42003				<input checked="" type="checkbox"/> EMERGENCY CARE	
WITNESSES (NAME & PHONE #)				4 HOSPITALIZED > 24 HRS	
DAVID CALHOUN		(502) 356-3814		5 FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED	
DATE ADMINISTRATOR NOTIFIED		DATE PREPARED		PREPARER'S NAME & TITLE	
05/01/1996		05/01/1996		IZELL DOBBINS PERS ADMN ASST	
				Via Telephone -	
				PHONE NUMBER	
				(502) 442-7321	
IA-1 (2/95) SEE BACK FOR IMPORTANT STATE INFORMATION/SIGNATURE					

Attachment B
Additional Information

JACKSON PURCHASE ELECTRIC COOPERATIVE

May 29, 1996

RECEIVED

MAY 31 1996

DIVISION OF UTILITY
ENGINEERING & SERVICES

Public Service Commission
Mr. Robert Ueltschi
Engineering Division
P.O. Box 615
Frankfort, KY 40602

Dear Mr. Ueltschi:

Last year, along with the other Kentucky Electric Cooperatives, Jackson Purchase Electric adopted a Workers' Compensation Self-Insurance program. Gallagher Bassett Services, Inc. is the Claims Administrator.

Prior to this change, copies of all First Reports of Injury were sent to the Public Service Commission on the day the injury was reported. After the change was made, Gallagher Bassett set up the current procedures we follow (outline attached). The major change was that we no longer generated the First Report of Injury in our office. Information concerning an accident is now telephoned to Gallagher Bassett's "Claim Line." The First Report of Injury is generated there. It could take up to two weeks to receive our copy of the injury report. Until the Washam injury, this method seemed to be working.

After our conversation this morning, it was agreed that we would generate a First Report of Injury in our office and mail a copy to the Public Service Commission the same day the injury is reported to Human Resources. This should eliminate the possibility of further late reports.

Sincerely,

JACKSON PURCHASE ELECTRIC
COOPERATIVE CORPORATION


Dee Jeffries

Supervisor of Personnel

id

Attachment

Procedure for Reporting Injuries Requiring Medical Treatment

Prior to Self-Insurance Program:

1. Complete in-house Accident Investigation Report
2. Complete First Report of Injury Report
3. Send Original and two copies to claims administrator

Note: A call was made to the administrator if the injury was severe.

4. Mail copy of First Report of Injury to Public Service Commission (PSC)

After Self-Insurance Program:

1. Complete in-house Accident Investigation Report
2. Call Claim Line to report injury. Claim line generates First Report of Injury.
3. Claim Line sends First Report of Injury Report to Gallagher Bassett Services, Inc.
4. Gallagher Bassett Services, Inc. sends First Report of Injury to Kentucky Association of Electric Cooperatives (KAEC) in Louisville.
5. KAEC sends injury report to Jackson Purchase Electric to the General Manager's attention.
6. The General Manager sends injury report to the Manager of Finance/Administration.
7. The Manager of Finance/Administration sends injury report to the Personnel Department.
8. Personnel sends copy of injury report to Public Service Commission.

RAPID MEMO

TO: Bob

DATE: 5/30/96

SUBJECT: Mike Washam
Accident

The construction date of the line is
October 13, 1937.

Don SCHAEFER

Attachment C
Photographs of Accident Site

